

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark #	Date Received	Notification #		
I. TYPE OF NOTIFICATION (O- Original R-Revised C-Cancelled):		Original			
II. FACILITY INFORMATION (Identity Owner, removal contractor, and other operator)					
OWNER NAME : Con Edison Co. of NY, Inc.					
address: 4 Irving Place					
City: New York	State: NY	Zip: 10003-3502			
Contact: William Morrison		Tel: 212 /46 01132			
REMOVAL CONTRACTOR: Con Edison Co. of NY, Inc.					
Address: 4 Irving Place					
City: New York	State: NY	Zip: 10003-3502			
Contact: Morrison, William		Tel: 212/460 1132			
OTHER OPERATOR:					
address:					
City:	State:	Zip:			
Contact:		Tel:			
III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation E-Emer. Renovation):		R			
IV. IS ASBESTOS PRESENT? (Yes / No)		Y			
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Bldg Name: 15 Beaver Street					
Address: 15 Beaver Street					
City: Manhattan	State: NY	County:			
Site Location:					
Building Size:	# of Floors:	Age in Years:	0		
Present Use: Basement	Prior Use: Basement				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL :					
assumed					
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Cat I	Cat II	UNIT	
Pipes	400	0	0	LnFt: <input checked="" type="checkbox"/>	Ln m:
Surface Area	100	0	0	SqFt: <input checked="" type="checkbox"/>	Sq m:
Vol RACM off Facility Component	0	0	0	CuFt: <input checked="" type="checkbox"/>	Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		08/01/2016	Complete:	04/03/2017	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		08/01/2016	Complete:	04/03/2017	

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X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			
Removal of arc proof and duct seal			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:			
NYCDEP modified tent variance procedure; under negative air with the use of wet methods and HEPA Vacs.			
XII. WASTE TRANSPORTER #1			
Name : Allstate Power Vac, Inc.			
address: 928 East Hazelwood Avenue			
City: Rahway	State: NJ	Zip: 07065	
Contact: Miller, Donna		Tel: 732 815 0220	
WASTE TRANSPORTER #2			
Name :			
address:			
City:	State:	Zip:	
Contact:		Tel:	
XIII. WASTE DISPOSAL SITE			
Name : Minerva Landfill			
address: 9000 Minerva Road			
City: Waynesburg	State: OH	Zip: 44688	
Tel: 330 866 3435			
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:			
Name :		Title:	
Authority:			
Date of Order(MM/DD/YY) :		Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency (MM/DD/YY) :			
Description of the Sudden, Unexpected Events :			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:			
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.			
There will be a qualified asbestos supervisor on site with all necessary equipment to deal with any unexpected asbestos			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)			
		Signature of Owner/Operator	(Date)
		Signature of Owner/Operator	(Date)

JUL 14 2016

ACB gVillan